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SUSTAINABILITY STRATEGY

AUGUST 1990

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ACSI-CCCD SUSTAINABILITY STRATEGY

prepared for Africa Bureau, Agency for International Development

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This strategy is also a product of a longer term involvement I and University Research Corporation have had with the ACSI-CCCD project and with issues of sustainability. In particular, it has built on the 1988 Draft Strategy prepared by me and Wayne Stinson.

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ACSI-CCCD SUSTAINABILITY STRATEGY

draft
11/15/90

I. GOAL AND OBJECTIVE OF SUSTAINABILITY

Sustainability has been defined as the continuation of activities and benefits achieved during the life of the project, at least three years after project funding stops.

The challenge of sustainability is to ensure the continuity of activities and benefits within the economic, political and infrastructural realities of Africa. Donor funding is not assured for the indefinite future. Government priorities and the distribution of national resources have been influenced by donor funds, which may have displaced national funding in child survival areas. If project activities are to continue, the responsibility for financing and institutional capability for implementing priority activities need to be developed, even if donors are providing continuing support.

The African Child Survival Initiative - Combatting Childhood Communicable Diseases (ACSI-CCCD) Project has taken the lead in Agency concern with sustainability. It is one of the first projects to incorporate sustainability as a goal of project activities, and it promoted the design of a draft sustainability strategy in 1988. Many of the project activities have been designed to promote sustainability, and several evaluations have shown significant achievements that are likely to promote sustainability. Although no study has been made of the two country projects that have ended, Malawi and Rwanda, informal reports suggest that many of the activities of these projects have been sustained.

As we make the transition from ACSI-CCCD to new regional and bilateral projects, it is essential that project managers at the country level, including Ministry of Health, Centers for Disease Control (CDC) and USAID officials, focus more attention on the activities that could further strengthen sustainability of child survival achievements and activities.

This reformulation of the ACSI-CCCD Sustainability Strategy is designed to assist project managers at all levels, but especially at the country level, to address sustainability issues.

While ACSI-CCCD projects continue to focus on the achievement of the basic objectives in each of the intervention areas previously

established in original and amended project agreements, this strategy provides additional focus on activities that may not have been established in these agreements, but which are necessary for child survival achievements to continue after 1991.

There are several potential options for follow-on -- bilateral projects; new regional project -- however, there is a possibility that project funding will end, and that sustainability will be a central problem in 1991. Project managers should examine their options and make plans over the next year to undertake activities that will contribute to the sustainability of current project activities and their benefits. These plans should be designed to address the options of:

1) no new donor funding;

2) alternative funding from USAID bilateral or regional projects with modified or different objectives;

3) other bilateral or multilateral support.

This strategy is designed to help project managers plan for sustainability by developing activities and targets over the next year to strengthen the capability of national systems to continue the project activities. Collecting information on the status of each country with regard to sustainability also will facilitate comparative assessments of ACSI-CCCD countries. A broader objective is to identify and incorporate lessons learned about sustainability from ACSI-CCCD into the design of future projects.

The following is a set of conditions which were found in the Center for Development Information and Evaluation (CDIE) Sustainability Series[1] to increase the likelihood that project activities and benefits will be sustained.

1. Technically effective interventions whose effectiveness has been brought to the attention of relevant decision-makers and other public health constituencies.

2. Strong implementing agencies with project activities fully integrated into the Ministry of Health in a manner that encourages integration of child survival activities at all levels within the Ministry. (Other characteristics of strong institutions are goal structures that are consistent with

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[1] A.I.D's CDIE Sustainability Series studied the sustainability of 49 A.I.D.-sponsored health and sanitation projects in five countries. The studies and their findings are described in Bossert, T., "Can They Get Along Without Us? Sustainability of Donor-Supported Health Projects in Central America and Africa," Social Science and Medicine, Vol. 30, 1990.

project goals, strong leadership and relatively high skill levels.)

3. Increasing portion of overall recurrent project costs borne by national budget and, at the community level, cost recovery mechanisms and community participation that contribute a signficant portion of community level recurrent costs.

4. Institutionalized and integrated training program for technical skills development -- with trained cadre of trainers and with training needs assessments.

5. Redesign efforts which occur in a process of mutual respectful negotiation and with extensive national participation.

The CDIE studies represent current state-of-the-art knowledge. While the findings are subject to limitations of the methodology and the interpretations of the researchers, and have not yet achieved consensus in the development literature; nevertheless, they are the best source of policy and project guidance we have to date.

II. OPTIONS FOR USE OF THIS STRATEGY

This strategy is intended primarily for use in two types of exercises: the assessment of the sustainability of child survival activities and the development of strategies or workplans at the country level to achieve sustainability targets. It is suggested that these exercises might be the focus of, or incorporated into, the following:

A. Sustainability Workshops
B. Internal Reviews
C. External Evaluations
D. Country Planning Exercises for Follow-On Activities (see Annex A)

The five sustainability objectives which follow are based on the conditions previously cited. For each Objective we have presented the Purpose of that Objective -- a justification for why this objective should contribute to sustainability -- and a series of Activities which are likely to contribute to the achievement of the objective. Many of the Activities are currently being implemented in ACSI-CCCD projects to some degree; some of them are too ambitious to initiate if they have not already been part of the country program; others might be initiated during the course of a project. They are presented here as options that are likely to

contribute to sustainability and should be considered for implementation, but they are not a catalogue of activities that all projects are expected to implement.

A series of suggested Indicators are provided in Annex B which are recommended for use in four exercises:

1) to establish a current inventory of each country's sustainability status

2) to develop a basis for planning and target setting for the project and for preparing options for policy discussions

3) to assess progress in project evaluations and internal reviews

4) to be taken into consideration during the design of bilateral projects

A sample checklist (Annex C) is provided for use once a country-specific workplan or strategy has been formulated. This checklist will help to establish a baseline and chart progress on those sustainability indicators selected by project and program managers.

These objectives, activities and indicators focus specifically on sustainability issues. They should be used in conjunction with mechanisms which assess the effectiveness of the child survival technical interventions and which look at such impact measures as mortality and morbidity reduction and coverage.

III. OBJECTIVES AND ACTIVITIES

OBJECTIVE I: PERCEIVED EFFECTIVENESS

1. Purpose:

If project activities are perceived by health officials as effective, then it is more likely that a constituency will develop which is commited to project goals and the continuation of project activities.

ACSI-CCCD inputs have been perceived as effective in part because they have been able to demonstrate their effectiveness through improved health and management information systems and through studies which have shown improved coverage, utilization and impact.

2. Activities:

A. Develop national policy and program statements which incorporate essential technical elements and demonstrate national consensus on the importance and the types of activities that should be accomplished by the health system in priority areas.

In Nigeria and Togo, as in several other countries, the projects have been particularly responsible for building consensus on national malaria policy.

B. Develop and maintain Health and Management Information Systems (HIS and MIS). MIS optimally will contain logistical, budgetary, personnel, and supervisory data (personnel and/or supervisory information should be capable of monitoring training needs and tracking and coordinating participation in training programs). This system provides information that can improve actual and perceived effectiveness and strengthen management and integration within the Ministry of Health. This effort may mean building on and expanding current ACSI-CCCD activities in HIS (which in most countries now only focus on epidemiological indicators and, in some cases, vaccines, oral rehydration salts and chloroquine supply). Project-focused information systems should be fully integrated into, or contribute to the development of Ministry of Health information systems.

For example, in Lesotho the project HIS system has been expanded to include logistics, supply information, and supervision reports, and this system has been integrated with the Ministry of Health down to the district levels.

In Rwanda the MIS that the project developed for the Ministry is still operating two years after the project ended and has expanded to incorporate family planning information for the separate family planning agency.

C. Conduct operations research and special studies that produce data on project activities, provider performance and impact, and behavior change. Findings will provide evidence of effectiveness, while at the same time suggest areas for improvement and be a tool for improving management and integration.

In Togo, national evaluations of child survival activities include questions which track behavioral change. Operations research on malaria in Togo has resulted in policy changes for recommended dosages.

D. Present data and analysis from MIS, OR and special studies and project evaluations to top level policy makers of the Ministry of Health and other relevant constitutencies.

In Zaire, presentations on project achievements gained significant national commitment and a national line item budget for the project.

In CAR, results of studies of health financing gained national attention and approval for cost-recovery activities in the project.

OBJECTIVE II: INSTITUTION STRENGTHENING AND INTEGRATION

1. Purpose:

The CDIE studies found that strong implementing institutions were important for sustainability. In addition, projects which are well integrated into the administrative structures of a Ministry of Health and do not create separate vertical hierarchies, have been found to be more sustainable in every country studied in the CDIE sustainability series.

Through such activities as improving HIS and MIS, ACSI-CCCD projects have been important contributors to institution strengthening. In addition to continuing and expanding these efforts, other activities which might contribute to institutional strengthening are the development of an effective and systematic supervisory system and training programs (training is discussed under Objective IV).

Integration helps to reduce duplication and competition, both among units implementing child survival interventions and among those administering and managing them. It can lead to improved coordination, efficiencies and effective use of trained manpower. For example, the consolidation of support and administrative activities -- health education, training, personnel, procurement, financing -- may yield economies of scale and better coordination of tasks. Integration also helps develop an institutional constituency for the project and is more likely to lead to budgetary support and the establishment of national policies which embody project goals.

2. Activities:

A. A key element for strengthening institutions and improving quality of service delivery is an effective and systematic supervisory system. This system should make full use of HIS and MIS and could be integrated into training programs by training supervisors as trainers.

The supervisory systems in CAR and Rwanda are effective management tools for improving quality of service.

B. Project managers should try to avoid initiating new vertical institutional arrangements. Project activities should be fully integrated into, and utilize human resources of, the existing institutional structures.

C. ACSI-CCCD interventions are generally designed to be provided by the most peripheral health worker under the Ministry of Health. While it is not always feasible or desirable to alter division of labor among health workers at the lowest levels (especially when some specialize in immunizations while others specialize in oral rehydration therapy and malaria), efforts should be made to promote the effective integration of project activities.

In all ACSI-CCCD countries except Guinea, all project interventions are implemented by the most peripheral salaried health workers.

D. In most countries the different child survival interventions are implemented by separate vertical programs of different units of the Ministry of Health. For instance, the immunization program may be implemented by the Division of Epidemiology, while malaria is the domaine of the National Malaria Service, and oral rehydration therapy is managed by Maternal and Child Health. Attempts should be made to improve coordination of these programs, as a means of reducing the vertical and privileged nature of the programs with external funding, and as a means of strengthening the Ministry itself. Efforts should be promoted to assist the Ministry to reorganize so that all or most project activities are implemented by an integrated program.

In Nigeria the Ministry of Health initiated its own administrative restructuring to promote integration of primary health care activities. The ACSI-CCCD project reorganized itself to complement this integration.

E. Health education is a central program of ACSI-CCCD in most countries. Its activities should be well integrated into all the interventions of the project. Responsibility for developing health education materials should be integrated into the existing Ministry of Health health education unit in order to strengthen the capabilities of that unit and to assure that health education for ACSI-CCCD interventions are not totally dependent on project funding.

In Burundi, Cote D'Ivoire, Guinea, Lesotho, Nigeria, and Togo, the health education unit provides support for all primary health care activities.

OBJECTIVE III: LOCAL FINANCING, COMMUNITY PARTICIPATION AND PRIVATE SECTOR PROVISION OF SERVICES

1. Purpose:

National governments which have included in their budgets successively larger portions of recurrent costs will be more likely to be able to allocate resources to project activities if and when external funding is terminated. Most projects include an agreement with the government that it will absorb increasing proportions of the project recurrent costs during the life of the project. Many of these agreements have not been honored, in part because of the declining public budgets in the last several years. With the eventual end of project funding, it is necessary to work toward achieving budgetary support from the government.

A second means of securing resources for financing project activities is through contributions or fees-for-service from beneficiaries. Cost-recovery efforts are gaining support throughout Africa, through the Bamako Initiative and other donor supported programs. Community participation is often a critical component of cost recovery efforts. Where beneficiaries are expected to assume some of the costs, the demands and the financial input of the community may make the marginal difference necesary to continue project activities.

A third mechanism for reducing the burden of health care costs on the public sector and expanding the constituency that supports project goals and activities, is through an increase in and strengthening of the private sector's role in the provision of child survival services. Given their limited public revenues, governments should help to develop the capacity of traditional birth attendants, village health workers and other private, individuals and organizations -- both commercial and private voluntary organizations -- to deliver effective child survival interventions.

2. Activities:

A. If necessary, the issue of government compliance with the existing agreements for national budget commitments can be addressed through discussions with Ministry of Health, Ministry of Finance, and Ministry of Planning. Encourage government to begin providing a significant proportion of the funding now, so that it will not face a large incremental increase at the end of the project.

In CAR the government has consistently provided a greater percentage of project funding than had been established in the orginal Project Agreement.

B. In almost all countries, a portion of the community is able and willing to pay for services. The appropriateness of instituting fees-for-service (or other cost-recovery initiatives) will vary, however, depending on the type of service, communities' willingess to pay for it and their ability to pay for it. For instance, the benefits of vaccination services accrue to the community as a whole, not just to the consumer. As a public good, this service may be appropriately financed with public funds.

> In Guinea, coordination of ACSI-CCCD with Bamako Initiative has produced effective efforts in cost recovery.
>
> In Liberia, a drug and a motorcycle revolving fund was effectively implemented.

C. In some countries it may be possible to encourage or expand the role of the private sector in the provision of child survival services, thereby increasing the public's access to essential services -- possible areas include the commercial sale of oral rehydration salts and chloroquine, the delivery of immunizations, and the design and implementation of Information, Education and Communication (IEC) programs and other social marketing efforts. Important considerations in undertaking any of these activities include the country's policies, commercial feasibility, and quality control.

> In Zaire and Liberia the ACSI-CCCD projects sponsored a revolving fund to purchace oral rehydration salts and chloroquine from private suppliers.
>
> In Rwanda, Liberia and Zaire private mission hospitals have been an integral part of the ASCI-CCCD delivery programs.
>
> The IEC program in Nigeria uses a private advertizing firm to support social marketing efforts for immunization. In Lesotho, a local public relations firm provides spots for oral rehydration therapy campaigns.

OBJECTIVE IV: STRONG TRAINING COMPONENT

1. Purpose:

A strong training component develops the human resources required for successful project implementation and builds a constituency for the continuation of project activities.

Training has been a component of all ACSI-CCCD projects. These activities should be continued and reinforced so that they are enduring in the long-run.

2. Activities:

A. Continuing education training programs have been initiated to continue the effectiveness of the initial training of trainers courses. Where these programs have been institutionalized, it is likely that they will be a more effective means of sustaining training benefits than renewed training of trainer courses. In addition, they have evaluation components built in -- providing information that can feed into management information systems.

In-service continuing education training has been effectively implemented in Nigeria, Lesotho, Burundi and Rwanda.

B. As a means of strengthening training programs, as well as improving management, quality and integration, a program to integrate supervision and training should be examined and implemented if possible.

C. Conduct training evaluations through facility needs assessments which can provide evidence for effectiveness of training programs as well as a tool for improving the skills and knowledge base of service providers.

In Nigeria a second round of training evaluations has demonstrated both the improvements achieved by the initial training activites and areas that need further training.

D. Training of Trainers courses should have been initiated during the project, however if trainers have not had at least a follow-up during the last two years, it may be necessary to refesh their skills.

E. Where a Ministry of Health training institution and/or program exist, the training programs of the project should be integrated into them so that training is not an isolated vertical activity that can be threatened if project funding stops. If the training is not currently implemented by the national health training institution, a transition process should be initiated to allow this institution to assume responsibility for supervising and funding the program.

In Cote d'Ivoire the Institute of Public Health is supporting all training for the Ministry of Health.

The central training unit provides technical support for all training in Nigeria.

OBJECTIVE V: MUTUALLY RESPECTFUL NEGOTIATING PROCESS

1. Purpose:

A mutually respectful negotiating process results in a project which is more likely to be responsive to nationally defined needs, objectives and capabilities. This type of process also develops local leadership, a broader consensus and a wider constituency with a commitment to project objectives.

2. Activities:

A. In order to build a large constitutency of officials with an interest in the project, and to learn from potential implementors what obstacles to anticipate, it is important to involve nationals from both policy and technical levels in the process of developing and negotiating project amendments and new project design for up-coming bilateral and regional projects. National counterparts for project design teams should be chosen and involved throughout the process. They should be expected to provide input and to vent ideas and proposals during the initial, as well as the later, stages of project design.

B. Crucial issues of project design (such as integration of project activities; cost-recovery mechanisms and community participation; budgetary allocations; participation of the private sector; conditions precedent, etc.) should be subjects of debate and consensus building in workshops and seminars with potential implementing units and agencies.

C. Assure that several implementing units have "ownership" in the project by involving different administrative units of the Ministry of Health in planned or current project implementation.

IV. BIBILIOGRAPHY

African Child Survival Initiative - Combatting Childhood Communicable Diseases. **Sustainability Strategy.** University Research Corporation. August 1988.

ACSI-CCCD **Annual Reports** for 1985 to 1988.

ACSI-CCCD **Country Evaluations** for each country.

Bossert, Thomas. "Can They Get Along Without Us? Sustainability of Donor-Funded Health Projects in Central America and Africa." **Social Science and Medicine**, Vol 30, No. 9, pp. 1015-1023. 1990

CDIE/AID. Sustainability Series. **Sustainability of U.S. Government Funded Health Projects** in Honduras, Guatemala, Zaire, Senegal and Tanzania. 1987-1990.

ANNEX A

OPTIONS FOR POLICY DISCUSSIONS ON SUSTAINABILITY

This strategy has been directed toward the activities of ACSI-CCCD project managers (host-country program managers, HPN Officers, TO's, and project officials from the Africa Bureau and C.D.C.). However, many of the issues of the sustainability of the ACSI-CCCD project activities will involve decisions at high policy levels, both in A.I.D. at the mission level, and in the government -- at the Ministries of Health, of Finance and of Planning. It would be useful to sensitize policy-makers of the need to plan for the continuation of project activities after the ACSI-CCCD inputs stop.

We suggest that Project managers use the forum of a Sustainability Workshop for developing a set of options to be discussed with policy makers during the crucial last year of the project. Possible options could be presented to policy makers in a second forum -- a **Policy Discussion of Sustainability** -- that would include the A.I.D. Mission Director, top officials of the Ministry of Health, the Ministry of Finance, and the Ministry of Planning; as well as other donors in the health field.

Discussions with policy makers could:

1) review child survival achievements and the sustainability factors that already are being addressed (as noted in the Sustainability Checklist). This would be an additional opportunity to present the effectiveness of the activities and justifications for their continuation.

2) discuss 1990-1991 plans (developed during the Sustainability Workshop) to further strengthen sustainability capacity.

3) finally, project officials could present a series of options for sustainability to be considered by policy makers for the 1991-1992 period and beyond.

These policy options might involve:

1. How the government could absorb the costs of the project in the 1991-1992 budget period.

2. How cost-recovery could be strengthened by policy changes at the national level, and by other project support -- such as centrally funded A.I.D. projects.

3. The institutional strengthening activities and reforms that might be implemented by the government during the 1991-1992 period to increase the prospects for sustainability. These options might include means of integrating ACSI-CCCD programs into a broader primary health care or maternal and child health effort.

4. Evaluation of the potential continuation of project activities in current or planned bi-lateral A.I.D. projects.

5. Consideration of the potential role of the proposed regional African Public Health and Population Support project.

6. Assessment of the role of other donors' current and planned projects.

We recommend that the Mission Director convene the policy discussions and that options be presented in a way that leads to clear decisions by government, A.I.D. and other donor officials.

ANNEX B

ACSI-CCCD SUSTAINABILITY INDICATORS

OBJECTIVE I: PERCEIVED EFFECTIVENESS

Indicators:

A. Workplans, National Policy Statements

a. National EPI policy available consistent with World Health Organization recommendations regarding priority on immunization in the first year of life, polio at birth, and 5 dose TT schedule.
b. National diarrhea treatment policy for both facilities and community.
c. National malaria treatment policy providing recommendations for 1st and 2nd line drugs.

B. Project has implemented HIS, MIS, OR and/or special survey to produce data on project impact in the following areas:

1. HIS producing relatively reliable epidemiological data with timely reports presented in ways that officials can determine weak performance by health facility (and/or need for additional resources or activities by health facility);

a. Budget line item for HIS [Y/N]
b. Disease surveillance system providing annual data on disease trends within three months of end of year [Y/N]
c. Disease reporting system providing 80% of monthly reports from national reporting, or 95% reporting from sentinel sites [Y/N]
d. Annual report distributed within three months of end of reporting year [Y/N]
e. Surveillance bulletins distributed quarterly with maximum lag time of three months [Y/N]
f. Project HIS integrated into the MOH HIS [Y/N]

2. Technical Effectiveness
A. EPI
a. Results from KAP survey for EPI within three years [Y/N]
b. EPI coverage by year (versus target) [#]
c. Measles incidence by year (versus target) [#]
d. NNT sentinel data (versus target) [#]

B. CDD
   a. Results from KAP survey for CDD within three years [Y/N]
   b. Health Facilities meeting standards [%]
   c. Home treatment meeting standards [%]
   d. Cases of diarrhea treated with ORT in the home [%]

C. Malaria
   a. Results from KAP survey for malaria within three years [Y/N]
   b. Health Facilities meeting standards [%]
   c. Home treatment meeting standards [%]
   d. Cases of fever treated with antimalarial in home [%]

3. MIS information system that is complementary to HIS and provides a) personnel data on location, skill levels and training, b) logistics on drugs and transportation, and c) budgetary data by facility

   a. Utilized and reliable MIS [Y/N]
   b. Project MIS integrated into MOH MIS [Y/N]
   c. Up-dated Personnel data [Y/N]
   d. Logistics data [Y/N]
   e. Budgetary data [Y/N]

C. Operations research and special studies performed by nationals and used a) to assess quality of health workers' performance, costs and cost-effectiveness and behavior change of beneficiaries and b) to develop solutions to problems identified.

   a. Budget line item for operational research and/or special studies [Y/N]
   b. System for reviewing and approving operational research projects in place [Y/N]
   c. Above system has conducted at least one round of review and funding independently of CCCD staff [Y/N]
   d. Country nationals have served as Principal Investigators (or Co-PIs) on behavioral research projects used to develop or evaluate health interventions [Y/N]
   e. Country nationals have served as Principal Investigators (or Co-PIs) on cost or cost-effectiveness studies used for program development or evaluation [Y/N]

D. Use of Data for Problem Identification and Solution Development (targets will vary with country size, political system and degree of decentralization)

a. National program managers present HIS/MIS data in appropriate (usable) format to DG and Minister on a quarterly basis [Y/N]
b. National program managers routinely present data from operations research and special studies in appropriate (usable) format to DG and Minister [Y/N]
c. Reports of research activity are present in the files of decision makers, and referred to routinely during program decision making [Y/N]
d. National colleagues increasingly have provided leadership for CCCD project evaluations [Y/N]

OBJECTIVE II: INSTITUTION STRENGTHENING AND INTEGRATION

Indicators:

1. Supervision:
   a. Supervisory system with checklists. % CCCD supervisors routinely reporting with checklists [%]
   b. What percentage of facilities visited in the last year [%]
   c. Was checklist used during visits [Y/N]
   d. Were results tabulated, fed down and fed up [Y/N]

2. Integration at Delivery Sites:
   a. At what percentage of facilities are vaccination services and primary treatment for diarrhea, fever, and respiratory infection available [%]
   b. Number of ACSI-CCCD interventions provided by most peripheral salaried health provider [#]

3. Integration at National Level:
   a. Project management and activities are integrated into the existing Ministry of Health structure and are a part of the routine responsibilities of MOH personnel [Y/N]

4. Support Activities:
   a. Organizational unit responsible for health education is operational at the national level [Y/N]
   b. Persons trained with assistance of health education unit providing health education services [Y/N]
   c. Mechanisms exist and have been used successfully to develop and distribute health education materials in CCCD intervention areas [Y/N]
   d. Health Education Materials for all interventions utilized by lowest level health providers [Y/N]

OBJECTIVE III: LOCAL FINANCING AND PRIVATE SECTOR PROVISION OF SERVICES

Indicators:

1. Assumption of Project Costs by Government
a. Phased increase in proportion of government funding (exclusive of other donor and of ESF or PL480 counterpart funding) of project budget
b. What percentage of costs are co-financed [%]
c. Project operating costs provided by government budget during the LOP (this should exclude costs for expatriate personnel and support unrelated to direct provision of services) [%]
d. Authorized funds made available [%]
e. Studies (on an as needed basis) to determine the recurrent costs of delivering EPI, malaria and diarrhea disease interventions [Y/N]
f. Trend of funds over time corrected for inflation [Y/N]

2. Cost-Recovery
a. Beneficiaries' contribution towards project recurrent costs (excluding salary) at community level [%]
b. Community committees managing the collection and distribution of funds collected for cost-recovery [%]
c. Cases where support generated from local funding is retained at level at which generated [%]

3. Private Provision of ACSI-CCCD Services
Actual provision of services might include project-sponsored private sale of ORS and/or chloroquine in rural areas, private immunizations in rural areas, and private agencies' participation in I.E.C. activities

If possible, provide breakdown of the private sector entities (pharmacists, traditional healers, other) that are involved and their activities)

OBJECTIVE IV: STRONG TRAINING COMPONENT

Indicators:

1. Training strategy for primary health care developed and approved (includes pre-service and in-service - continuing education - needs) [Y/N]

2. Continuing education policy defined [Y/N]
   Recommendation:
   a. Identifies national, regional and peripheral responsibilities
   b. Training (both what is planned and evaluated) is based on needs assessments (see training indicator number 4)

3. Supervisory mechanism in place with minimum of X contacts per year (to be determined at the local level)
   Recommendation:
   a. At least two supervisory visits per year
   b. Larger facilities have visits done by facility head. Small facilities supervised by multipurpose supervisor.

4. Facility Needs Assessments for Training
   a. Have facility assessments for quality for EPI (logistics, implementation, health education) been carried out in the last 24 months [Y/N]
   b. Have facility assessments for quality for diarrhea(logistics, treatment, health education) been carried out in the last 24 months [Y/N]
   c. Have facility assessments for quality for malaria (logistics, treatment, health education) been carried out in the last 24 months [Y/N]

5. Trainers are qualified to train (have received training in HOW to train) [Y/N]

6. If a MOH training institution exists, are the ACSI-CCCD intervention's Curricula and Training Programs integrated into or derived from this institution [Y/N]

OBJECTIVE V: MUTUALLY RESPECTFUL NEGOTIATING PROCESS

Indicators:

1. Nationals participate in the original Country Assessment, PROAG and PIOT development and/or in subsequent amendments

    a. Number in original project design or amendments [Suggested target: 6]

    b. If planning 1991/2 bilateral project, number of nationals participating in PID/PP [Suggested target: 10]

2. Workshops on Project Components with Relevant Agencies

    a. Number for original project design and/or amendments [Suggested target: 4]

    b. If planning 1991/2 bilateral, number planned [Suggested target: 6]

ANNEX C

SUSTAINABILITY INDICATOR MATRIX

Objectives and Indicators	Targets	Baseline (date:)	Country EOP Target	Evaluation (date:)	Comments